



K A N S A S

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M E M O

DATE: September 16, 2005

TO: Vaccines for Children Providers

From: Sharon Patnode, Interim Director
Kansas Immunization Program

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SUBJECT: **Tetanus, diphtheria, pertussis (Tdap) vaccine recommendations for adolescents who qualify for VFC vaccine**

The primary objective of the adolescent vaccination program is to protect vaccinated adolescents against pertussis. The secondary objective is to reduce the reservoir of *Bordetella pertussis* in the population, and thereby potentially reduce the incidence of pertussis in other age groups.

Two manufacturers have licensed Tdap vaccines that contain acellular pertussis antigens. Both vaccines contain a reduced quantity of pertussis antigen compared with pediatric pertussis vaccines. The quantity of tetanus and diphtheria toxoids is similar to available adult Td formulations. Both these reduced antigen vaccines are approved by the Food and Drug Administration (FDA) for use in adolescents.

GlaxoSmithKline manufactures Boostrix® Tdap vaccine. It was licensed May 3, 2005, for use as a single dose in persons 10 through 18 years of age. Adacel™ Tdap vaccine is manufactured by Sanofi Pasteur. Adacel™ was licensed June 10, 2005, for use as a single dose in persons 11 through 64 years of age. Both Tdap vaccines are approved by the FDA as a single booster dose in persons who have previously received a full series of 4 or 5 doses of pediatric DTaP or DTP. These Tdap vaccines are **not** approved for use as a primary series, or for persons who have not completed a full series of DTaP, DTP, or Td. Neither vaccine contains thimerosal as a preservative.

The Advisory Committee on Immunization Practices (ACIP) recommendations for use of Tdap vaccine **only** apply to adolescents 11 through 18 years of age. For adolescent recommendations, Tdap from the two manufacturers can be considered interchangeable. Tdap is licensed only for a single dose.

Please review the current Recommended Childhood and Adolescent immunization schedule, dated January 2005. The new ACIP recommendation is that adolescents 11 through 12 years of age should receive a single dose of Tdap instead of Td, if they have completed the recommended childhood DTaP

vaccination series and have not yet received a Td booster. The ACIP also recommends that adolescents 13 through 18 years of age who have not received Tdap should also receive a single dose of Tdap as their catch-up booster, instead of Td, if they have completed the recommended childhood DTaP vaccination series and have not received Td.

Some adolescents 11 through 18 years of age may already have received a Td booster. The ACIP encourages adolescents who have already received a Td booster to receive a single dose of Tdap to provide protection against pertussis if they have completed the recommended childhood DTaP vaccination series. A 5-year interval between the Td and Tdap is encouraged to reduce the chance of a local reaction. However, this 5-year interval between Td and Tdap is not an absolute requirement. The two vaccines can be separated by intervals shorter than 5 years. The benefits of protection from pertussis should generally outweigh the risk of a local reaction in settings with increased risk from pertussis. These settings might include a pertussis outbreak in the community or having an infant in the household.

There is not a projected date for publication of a Tdap VIS. Like the flu VIS, there will be an interim version, followed by a final version. Until a VIS is published, you may use the existing Td VIS plus the appropriate package insert when administering Tdap.